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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 09/523,817 03/13/2000 PAT 6,746,425 which is a CIP of 08/873,413 06/12/1997 ABN which claims benefit of 60/019,931 06/14/1996

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY TX	SHEETS DRAWING 2	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 1
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35 USC 119 (a-d) conditions met ☐ yes ☒ no Met after Allowance

Verified and Acknowledged  
 Examiner's Signature: *[Signature]* Initials: *[Initials]*

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TITLE  
 Medical balloon

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